2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2004
Secretary of State

DOCUMENT# 119544

Entity Name: TALLAHASSEE DEMOCRAT INC

Current Principal Place of Business:

J. MICHAEL PATE
277 NORTH MAGNOLIA DR
TALLAHASSEE, FL 323012664 US

New Principal Place of Business:

Current Mailing Address:

J. M. PATE
277 NORTH MAGNOLIA DR
TALLAHASSEE, FL 323012664 US

New Mailing Address:

FEI Number: 59-0184700 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATE, J M
277 N MAGNOLIA
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	V	( ) Delete
Name:	MILLER, JOHN W	
Address:	277 N MAGNOLIA DR	
City-St-Zip:	TALLAHASSEE, FL	
Title:	PP	( ) Delete
Name:	PATE, M M	
Address:	277 N. MAGNOLIA DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	T	(X) Delete
Name:	WEBBER, CINDY	
Address:	277 N. MAGNOLIA DR.	
City-St-Zip:	TALLAHASSEE, FL	
Title:	SVPD	( ) Delete
Name:	EFFREN, GARY	
Address:	50 WEST SAN FERNANDO STRUT	
City-St-Zip:	SAN JOSE, CA 95113	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	( ) Change (X) Addition
Name:	ADDISON, CLIFTON	
Address:	277 N. MAGNOLIA DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32301	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TREASURER/ CLIFTON ADDISON T 07/02/2004

Electronic Signature of Signing Officer or Director — Date